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Bib Data Sheet

CONFIRMATION NO. 1984

SERIAL NUMBER 10/791,195	FILING DATE 03/02/2004  RULE	CLASS 174	GROUP ART UNIT 2841	ATTORNEY DOCKET NO. 2269-5865US (03-0257.00/U)
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\*\* CONTINUING DATA \*\*\*\*\* *HN* *No*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *HN* *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 21	TOTAL CLAIMS 99	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>Allowance</i>	Initials <i>HN</i>		

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## TITLE

Compliant contact pin assembly, card system and methods thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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